

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2296

1. PLACE OF DEATH

County MoniteauRegistration District No. 571Township WalkerPrimary Registration District No. 5769City Chillicothe (No. 2)File No. 3Registered No. 3St. Mo. Ward 12. FULL NAME Martina Jane Pruitt(a) Residence, No. 1St. Mo.Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1852

7. AGE YEARS 80 MONTHS 3 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Miller Co. Mo. (STATE OR COUNTRY)13. NAME Benjamin Vaughan14. BIRTHPLACE (CITY OR TOWN) Miller Co. Mo. (STATE OR COUNTRY)15. MAIDEN NAME Ella Vaughan16. BIRTHPLACE (CITY OR TOWN) Miller Co. Mo. (STATE OR COUNTRY)17. INFORMANT Mrs C. Has Burlingame (ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield DATE 11/19 193719. UNDERTAKER W. H. Papey (ADDRESS) California20. FILED 1 - 18 - 1907 W. H. Papey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 18 - 193722. I HEREBY CERTIFY, That I attended deceased from 10 - 10 - 1926 to 1 - 18 - 1937I last saw him alive on 1 - 11 - 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance
Chronic valvular heart trouble

Name of operation None Date ofWhat test confirmed diagnosis? Cholera Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Papey M. D.(Address) California Mo.

